

*Medi-Cal Management Information  
System and Decision Support System (MIS/DSS)*

*Data Enhancement Functional Specifications  
for Provider Background/Directory  
Phase 5*



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## 1. Overview

Figure 1 gives a high-level view of the major conversion processes and helps illustrate the relationship between the processes. The shaded box represents the conversion process being discussed in this section.

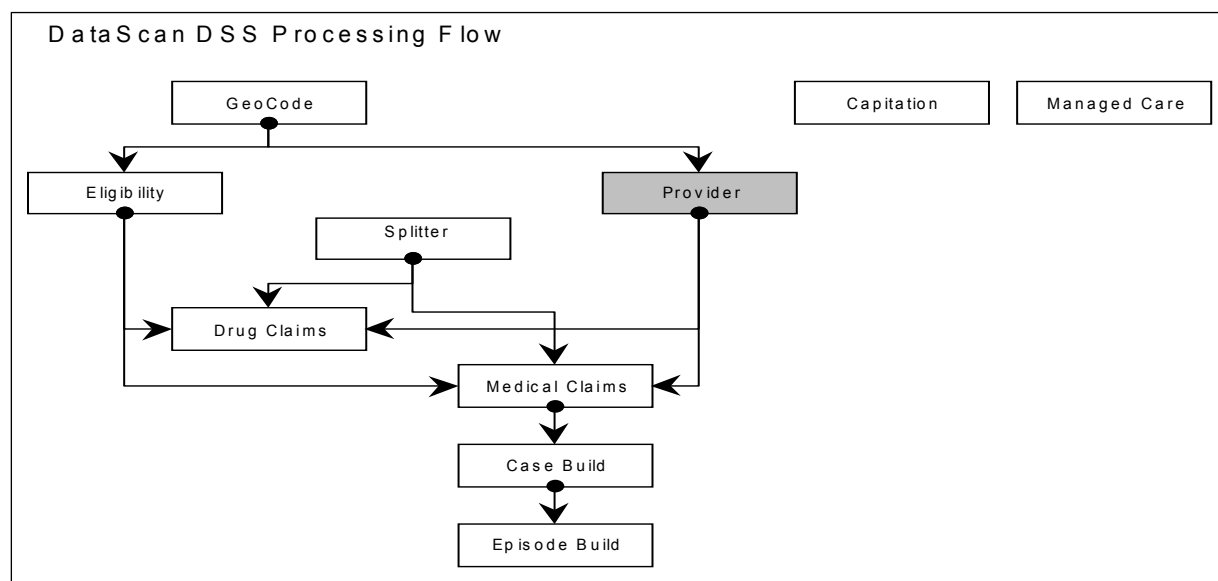


Figure 1. DataScan DSS Processing Flow

### 1.1 How the MIS/DSS uses provider information

The Medi-Cal Management Information System/Decision Support System (MIS/DSS) uses provider data in a number of ways.

- *DataScan®* has a required (core) table called the **Provider Directory** which has several uses:
  - ◆ The standard *DataScan®* provider reports will automatically include the provider's name, when available, from the Provider Directory table, as well as information from the Claim and Case tables (e.g., number of admissions, charges, etc.).
  - ◆ Similarly, custom reports that use the PROVID field will also automatically use the Provider Directory table as a look-up for the provider names.

- ◆ Any field on the Provider Directory table can be used in defining subsets, including study group links. This allows you, for example, to create a report on all medical claims for providers with a certain set of PROVIDIDs, or in a certain city or zip code. The Provider Directory table links to the Claim and Case tables on the PROVID field.

An important consideration when using the Provider Directory table is that, for physicians, physician groups and dentists, multiple records per physician have been combined into one. This facilitates analysis by provider, when the user needs to combine services for the same provider across multiple locations. As a result, however, the location-specific information on the Provider Directory table (e.g., PROVCNTY) reflects only one of the servicing locations.

Note: DHS has requested that we call this the Provider Table, since it is not a true directory, but this is a DataScan® core table, and renaming it would cause confusion throughout much of the standard documentation. So for consistency, we retain the standard name.

The Provider conversion programs also populate a DB2 table called **Provider Background**, which is used by the Claim (medical service and encounters) and Drug conversion programs to tag certain fields. This table is not accessible by any MIS/DSS application, but is essential for the proper enhancement of the Claim and Drug data.

*Panorama View* provides information regarding Provider Expenditures and Access to Care. However, all provider information used in these folders is derived from the *Claim* tables, except for the bed counts supplied in the Access to Care questions. Provider Data used in Panorama View Processing is from the DHS Licensing and Certification File. The Provider Directory Table or the Provider Background table is *not* used. Data from the DHS Licensing and Certification File is used to provide information for two questions: “How does access to acute care vary geographically?” and “How does access to long-term care vary geographically?”

- ◆ Panorama View extracts provider information from the *Claim and Drug* tables. There are two important differences between the list of PROVIDIDs of the Provider Background table and Panorama View.

First, not all PROVIDIDs in the Provider Background table necessarily occur in Panorama View, because the Provider folders report the number of providers who actually served Medi-Cal beneficiaries during the 30-month period of the database, i.e., who have claim or encounter records in the DataScan® Claim and Drug tables.

Second, Panorama View will contain providers that are not in the Provider Background table. These are PROVIDIDs in the Claim and Drug tables that begin with a hyphen/negative sign, meaning that they were not tagged from the Provider Background table.

- *Performance Measurement Workstation (PMW)* does not use DataScan® provider information.
- *MapInfo* uses provider latitude and longitude codes that are tagged onto the Claim and Drug tables. These geographic codes can be used to graphically display provider locations.

## 1.2 Tagging Provider Data to the Claim and Drug Tables

As stated above, the Provider Background table is a DB2 table that is used by the Claim and Drug conversion programs to tag certain fields.

Both the *Claim* and *Drug* tables derive the following fields from the Provider Background table:

- PROVID – The unique provider ID of:
  - ◆ For the Claim table, the billing provider
  - ◆ For the Drug table, the physician who filled the prescription (rendering provider)
- PROVZIPB – The zip code of the billing/rendering provider's billing address.
- LATCODE and LONGCODE – The latitude and longitude of the servicing address of the billing/rendering provider. Because the Provider Background table retains the location-specific detail of providers with multiple locations, the latitude/longitude codes tagged to the Claim accurately reflect the servicing location of the provider.

The tagging for both Claim and Drug is accomplished by matching the billing/rendering provider ID on the claim record (F35-PROVIDER-NUMBER) to one of the following fields in the Provider Background table:

- MCALID (Medi-Cal ID)
- PROVLIC (License number)
- PROVLICU (Expanded Provider License Number)
- PROVSSN (Social Security number)
- PROVTAX (Tax ID)
- PROVPLAN (Alternate Provider Identifier used in Billing based on Type of Provider (Dental FFS, Medical FFS or Managed Care))

Only the Drug table derives the following fields from the Provider Background table:

- ORDPHYS – The unique provider ID (PROVID) for the physician who *ordered* the prescription (ordering physician)
- PROVSPEC – The specialty of the ordering physician (ORDPHYS)

This is a second tagging, and it is based on matching the prescribing physician ID on the claim record (F35-PRESC-REF-PROV-NUM) to the Provider Background table MCALID, PROVLIC, PROVTAx or PROVSSN.

Refer to the Data Enhancement Functional Specifications for Medical Service Claims document for detailed specifics of how claims tag to Provider. Refer to the Data Enhancement Functional Specifications for Drug Table document for detailed specifics of how drug records tag to Provider.

### 1.3 How the Provider Directory and Background Tables are Related

Both tables contain data from both the ITSD Combined Provider Master File (PMF) and the Managed Care Provider (MCP) file. Few of the same fields, however, occur on both tables.

The Provider Background table contains one row for each Medi-Cal, or other, ID. The Provider Directory table has one row for each *unique provider ID*. In DB2 terms, there is a one-to-many relationship between these tables: one row in the Provider Directory table corresponds to one *or more* rows in the Provider Background table. They are linked on PROVID, which must be unique on the Provider Directory table, but can have duplicates on the Provider Background table.

The Provider Background table contains one row for each Medi-Cal ID (where available). Thus, each record in this table is potentially location- or owner-specific. If a professional group practice has four locations with one Medi-Cal ID for each, it will be represented by four rows in the Provider Background table. Each row will have latitude and longitude (LATCODE and LONGCODE), servicing and billing address zip codes (PROVZIP and PROVZIPB) specific to that location. However, all four rows will have the same unique provider ID (PROVID) – see below. This table is not accessible by any user applications; it is used only for tagging.

The Provider Directory table, which is used in DataScan®, is derived from the Provider Background table. The Provider Directory table has only one row per PROVID (unique provider ID) – a DataScan® requirement. Thus, the four rows for the same group practice in the example above will be represented by just one row in the Provider Directory table. All the other fields on this table, including the provider's name, city, county, state and zip (PROVNAME, PROVCITY, PROVCNTY, PROVST, PROVZIP) and provider type (VENDORCD) are taken from the Provider Background record representing the *most recently assigned active* Medi-Cal ID for that PROVID. This is done to try to provide currently correct information.



This means that provider-related fields on the Claim tables will be service location-specific, but the provider name displayed in DataScan® provider reports will refer to only one of the locations associated with a single PROVID.

## 2. Prerequisites / Pre-Conversion

Before running these programs, the maps and validation tables listed in the Maps and Validation Tables section should be reviewed and updated as appropriate.

GeoCode processing, to obtain the latitude and longitude values, is a precedent to Provider processing. Provider processing, like Eligibility processing, is one of the first steps in the installation or monthly update process. Refer to the Data Enhancement Functional Specifications for GeoCoding document for more information.

Provider processing must be completed through the loading of the Provider Background table before the Claim and Drug conversion programs can be run, since the latter tag from this DB2 table.

## 3. Indexes

The following matrix lists each table and its corresponding indexes:

Index	Provider Background	Provider Directory
Primary	PROVID	PROVID
Secondary 2	MCALID	N/A
Secondary 3	PROVLIC	N/A
Secondary 4	PROVTAX	N/A
Secondary 5	PROVSSN	N/A
Secondary 6	PROVPLAN	N/A

## **4. Input Data**

Provider processing uses these files:

### **4.1 ITSD Combined Provider Master File (PMF)**

The ITSD Combined Provider Master File (PMF) contains FFS providers, including facilities, physicians, dentists, groups, laboratories, etc., as output from the GeoCoding Process. The State will provide a complete, new copy of this file for each phase installation and every monthly update. This file can contain both Medical and Dental Providers. The layout for this file is included as an attachment.

### **4.2 Managed Care Provider (MCP) File**

The Managed Care Provider (MCP) file contains managed care plan providers, as output from the MIS/DSS GeoCoding process (MDU001). The State will provide a complete, new copy of this file for each phase installation and every monthly update. This file can contain both Medical and Dental Providers. The layout for this file is included as an attachment.

### **4.3 Previous Month's Provider Load File (PLF)**

The Provider Load File (PLF) from the previous month (or from the installation, if this is the first update of the phase) contains the providers that have already been loaded into the database. The layout for this file is included as an attachment.

## **5. Output Data**

The significant outputs of the Provider conversion programs are:

### **5.1 Current Update Provider Load File (PLF)**

This file contains one record for each Medi-Cal ID for providers for whom the Medi-Cal ID is available, plus one record for each provider from the Managed Care Plan Provider file which does not match another provider record on any other ID. IDs include License Number, CLIA, SSN, Tax ID, and Provider Plan ID. The PLF contains all the fields that appear on either the Provider Background or Provider Directory table.

The next two outputs are extracted from this file. The PLF is also used as input for the following month's update of the provider tables.

## **5.2 Provider Background Load File.**

This file is loaded into the DataScan® Provider Background DB2 table, from which the Claim and Drug conversion programs tag provider fields. The layout for this file is included as an attachment.

## **5.3 Provider Directory Load File**

This file is loaded into the DataScan® Provider Directory table. The file contains one record per PROVID. Where the same PROVID has been assigned to more than one provider record, other fields are taken from the last assigned active record with that PROVID. The layout for this file is included as an attachment.

## **5.4 Drop File**

This file contains all records dropped during the Provider file processing. See the Inclusion/Exclusion Criteria section for more details.

# **6. Reports**

The Provider Convert Program will produce three reports: the Aggregate Statistics Report, the Failed Operations Log (FOLOG) Report, and the Unexpected Value Report. Samples of these reports are included as attachments.

## **6.1 Aggregate Statistics Report**

The Aggregate Statistics Report will document all records that were dropped because of incomplete information or field values that did not fall within a pre-defined range. The Aggregate Statistics Report will include:

- Total number of records received
- Subtotal of records dropped and the reason they were dropped
- Total of the records dropped
- Total of the records converted

## 6.2 Failed Operations Log (FOLOG) Report

The FOLOG Report will document records that have not been dropped but fail while converting raw input data into the format required for DataScan. One or more input fields that were not in the expected format (e.g., invalid data or non-numeric data in a numeric field) may cause the failure. The FOLOG Report will include:

- Field name
- Operation Number
- Description of the operation that failed
- Unmapped/undefined values found for that operation
- Count of the number of records with possible errors for that operation
- Percent of Total Records
- NETPAY amount associated with each failed value
- Percent of total NETPAY associated with each failed value

The types of problems that the FOLOG report can highlight are:

- Wrong input file was converted.
- Wrong conversion program was run against the input file.
- Input file format changed.
- Unmapped fields or field values were in the input data.
- Incoming input data values were all blanks or zeros.
- Unexpected field values were present in the input data.
- Improper records were dropped.

NOTE: Refer to the Field Level Specifications for more detailed information on the FOLOG calls for each individual field that is reported on the FOLOG Report.

## 6.3 Unexpected Values Report

The Unexpected Values Report will be very similar to the FOLOG Report with one addition of:

- Indicating when a failed value has been previously reported to the State and they have indicated that it is in fact a failure

The standard Unexpected Values Report groups and reports the data by PHPCODE, but the Unexpected Values Report for Provider will be slightly different because there is not a PHPCODE on the provider data files. The standard report will still be used, but the PHPCODE information will be blank, so it will report as one grouping. The determination of what data source the failed value arrived in, the ITSD Combined PMF or the MCP file, can be made because the fields from each data source have been assigned different operation numbers. For example, the operation numbers for failed PROVST values are 16 for ITSD Combined PMF data and 46 for MCP data.

The fields on the Unexpected Values Report are a subset of the FOLOG Report and are driven by two Excel spreadsheets. The first spreadsheet is a list of FOLOG operation numbers to be included in the report. The second is a list of previously approved values to map to other/invalid for each operation number. The State has the option of requesting fields (only those listed in the FOLOG Report) to be included in the Unexpected Values Report.

## **7. Selection / Drop Criteria**

Inclusion/exclusion criteria processing occurs at the beginning of the provider process, before any of the steps listed in the high-level process flow section.

Each drop condition will be identified separately on the Aggregate Statistics Report.

### **7.1 CCS/GHPP Providers**

Drop records that represent a California Children's Services (CCS) or Genetically Handicapped Persons Program (GHPP) provider, i.e., PMEX-PROV-TYP-205 or MCPP-PROV-TYP is 80 or 81. These records represent special program participation and all the providers involved already have a standard Medi-Cal ID number.

### **7.2 Inactive Providers**

Drop records that represent providers who have not been active within the last four years from the run date of processing. The run date is a parameter defined as the first day of the last month (the most recent month) in the 30-month database window.

On the ITSD Combined PMF, active providers are identified by a status code. There are five status code fields with accompanying effective/end dates. Because the end dates do not seem as reliable as the effective dates, we use only the effective date to make the determination. A provider is considered active if any of the following status codes (PMEX-ENROL-STAT-CD-238) is accompanied by an effective date within the last four years:

- 1 – Active
- 3 – Pending
- 7 – Indirect
- 8 – Contract

All other records on the ITSD Combined PMF that do not meet these criteria are dropped.

On the Managed Care Provider File, all providers are considered to be active.

### **7.3 Test Provider Records**

Drop records on the ITSD Combined PMF for facilities (Medi-Cal Provider Types 14, 15, 16, 17, 40, 41, 42, 44, 45, 46, 48, 51, 60, 61, & 72) if the Medi-Cal ID number ends in "T" and the Medi-Cal Provider City is "RNCHO CORDOVA". Additionally, drop records on the ITSD Combined PMF for facilities if the numeric portion of the Medi-Cal ID (positions 4-8) equal "99999" and the first three positions of the provider name are "XXX". These records are test provider records and there should not be any claims billed against these ID numbers.

Drop records on the ITSD Combined PMF for non-facilities (Medi-Cal Provider Type is not 14, 15, 16, 17, 40, 41, 42, 44, 45, 46, 48, 51, 60, 61, or 72) if the last six positions of the Medi-Cal Provider ID number are "99999T". These records are test provider records and there should not be any claims billed against these ID numbers.

### **7.4 "IRS" Provider Records**

Drop records on the ITSD Combined PMF where the first three characters of the Medi-Cal ID are "IRS". These are accounting records and there should not be any claims billed against these ID numbers.

### **7.5 "HSX" Provider Records**

Drop records on the ITSD Combined PMF where the first three characters of the Medi-Cal ID are "HSX". These are accounting records for construction/renovation loans and there should not be any claims billed against these ID numbers.

## 7.6 Facility Disproportionate Share Provider Records

Drop records on the ITSD Combined PMF where the first three characters of the Medi-Cal ID are “HSD”. These represent hospital provider records that received disproportionate share amounts; there should not be any claims billed against these ID numbers. The ID numbers are reassigned (new HSD numbers with the next alpha) when amounts of money are recalculated. Any facility with an “HSD” number also has another facility Medi-Cal ID number.

## 7.7 Missing Key Fields

Drop records on the ITSD Combined PMF file where the Medi-Cal ID Number is missing.

Drop records on the Managed Care Provider file when \*ALL\* of the key fields are missing. The key fields are MCALID, PROVLIC, CLIANUM, PROVSSN, PROVTAX and PROVPLAN.

## 7.8 Duplicate Key Fields

During the merge of the ITSD Update PLF and the MC Update PLF data, check for provider records that have duplicated key fields. If the combination of key fields is identical, the duplicate provider record is output to the Drop File and excluded from further processing. The key fields are PROVID, MCALID, PROVLIC, CLIANUM, PROVSSN, PROVTAX and PROVPLAN.

## 8. Process Flow / Data Enhancements

The essence of the Provider conversion programs is to:

- Combine the input files into a consolidated list of all providers, regardless of plan.
- Make sure that each provider record has the most current information.
- Assign a unique provider ID (PROVID), which will be used throughout the MIS/DSS to identify a given provider, regardless of multiple Medi-Cal IDs, license numbers, etc.

A simplified process flow diagram is included as an attachment to this document.

## 8.1 Process Flow

The newly received ITSD Combined Provider Master File (PMF), which includes both medical and dental provider type records, and the Managed Care Provider (MCP) file are processed through a series of programs to ultimately build a Final Provider Load File (PLF) that includes MEDSTAT-assigned fields. Information is then extracted from the Final PLF to the Provider Background and Provider Directory load files, which are then loaded into the DB2 database tables. Each step of the process is explained in more detail below.

### 8.1.1 MDU001 – Attach Geographic Information (GeoCoding)

The newly received ITSD Combined PMF and MCP provider files are separately processed through the GeoCode program (please see the Data Enhancement Functional Specifications for GeoCoding document for more detailed information). Based on the provider's servicing address, the following MEDSTAT-assigned fields are appended at the end of the record:

- GROUP-1-ZIP
- GROUP-1-LATCODE
- GROUP-1-LONGCODE

### 8.1.2 MDV101 – Provider Field-Level Conversion

Provider records that meet the field-specific drop criteria are output to the Drop File and excluded from further processing. The field-specific drop criteria are discussed more thoroughly under the Inclusion/Exclusion Criteria section of this document.

The remaining ITSD Combined PMF and MCP provider records, with GeoCode information, are processed through field-level conversion logic. Two Update Provider Load Files (PLF), one for the ITSD Combined PMF and one for MCP, are output from this program. These Update PLF files are populated with all of the fields documented in the Field Level Specifications for Provider Background and Provider Directory; excepting DATEADD and DATEUP, which are populated in a later step at the end of the processing. Field Conversions include Provider Type to Vendor Code, assigned a unique Provider ID Number (PROVID), collapsing the Provider License Number (PROVLIC) and expanding the License Number (PROVLICU).



### 8.1.3 MDV102 – Synchronize PROVIDs

This step identifies providers that have a record in both the ITSD Update PLF and the MC Update PLF files and assigns those records the same PROVID. Each record in the MC Update PLF, **excluding those providers with a mental health (MH) data source indicator**, is compared against the ITSD Update PLF, looking for a match on any one of the below key fields in the following order:

- MCALID – Medi-Cal ID
- PROVLIC – Collapsed Provider License
- CLIANUM – CLIA Number
- PROVSSN – Provider Social Security Number
- PROVTAX – Provider Tax ID
- PROVPLAN – Provider Plan ID

Once the first match is found, no further matching is done. If there is a match, the PROVID from the ITSD Update PLF file is assigned as the PROVID on the MC Update PLF file.

### 8.1.4 MERGE – Combine ITSD and MC Input Data

The ITSD Update PLF and the MC Update PLF files are merged into one Update PLF file.

### 8.1.5 MDV103 – Eliminate Provider Records With Duplicate Keys

Check for provider records that have duplicated key fields. The key fields are: PROVID, MCALID, PROVLIC, CLIANUM, PROVSSN, PROVTAX, and PROVLAN. If the combination of key fields is identical, the provider record is output to the Drop File and excluded from further processing.

### 8.1.6 MDV104 – Provider Monthly Update Processing

This step will be executed only if we are processing an update to the MIS/DSS database. Compare the current Update PLF against the Final PLF from the last update or build process on the following keys: PROVID, MCALID, PROVLIC, CLIANUM, PROVSSN, PROVTAX, and PROVLAN. The new Final PLF output contains the unchanged data from the last Final PLF, new records from the current Update PLF, and updated records from the current Update PLF (replacing those from the last Final PLF). The DATEADD and DATEUP fields are populated appropriately. The output from this step will be the input into the next update process.

## **8.1.7 MDV105 – Create Provider Load Files**

### **8.1.7.1 Extract the Provider Background Load File**

This is a straightforward matter of writing one Provider Background record for each Final PLF record, but selecting only those fields that are on the Provider Background table.

### **8.1.7.2 Extract the Provider Directory Load File**

This is a little more complicated, because the Final PLF will have multiple rows with the same PROVID, whereas the Provider Directory table allows only one row per PROVID. The extract program, therefore, writes only one record per PROVID on the Final PLF. The other fields on the output record are taken from the Final PLF record representing the last assigned active identifier. See the section discussing Assignment of Unique Provider IDs.

## **8.1.8 DB2 Load – Import Into MIS/DSS**

Using the DB2 Load utility, import the Provider Background Load File and the Provider Directory Load File into the DB2 database.

## **8.2 Assigning Unique Provider ID (PROVID)**

The goal of assigning a unique provider ID is to allow DHS to see together all services billed by a given provider, regardless of service location, plan, etc. The Medi-Cal ID does not meet this need, because a single provider can have multiple Medi-Cal IDs. For physicians, osteopaths, dentists and their group practices, the same provider is issued a new Medi-Cal ID for each location, designated by the last alphanumeric character of the Medi-Cal ID.

### **8.2.1 Professional Providers**

The solution agreed to in Phase 2 applies only to Professional Providers (in-state physicians, osteopaths and group practices) and dentists. Dentists will be discussed in a later section. We strip the last character (sequential location indicator) from the Medi-Cal ID in assigning the unique provider ID (PROVID). A “Z” is prefixed to the remaining eight characters of the Medi-Cal ID, to distinguish it from an unmodified Medi-Cal ID, license number or other “real” identifier. The result is a nine-character alphanumeric PROVID which uniquely identifies the provider independent of location.

As an example, assume a group physician practice with offices at four locations, all of which provide services for Medi-Cal beneficiaries. In the consolidated Provider Load File (PLF), these four provider/locations might look like Figure 2. Note that all four offices would have the same PROVID: ZGR003456.

The *Provider Background* table, too, will have four rows, one for each Medi-Cal ID (office location). All four rows will have the same PROVID, ZGR003456. But each row will have that location's own Medi-Cal and other IDs, latitude and longitude codes, etc. Those rows will be like Figure 3.

However, in the *Provider Directory* table, which supplies name and address information for DataScan® reports, only one row will exist, representing all four locations. Fields will be populated from the most recently assigned active Medi-Cal ID. That row will look something like Figure 4.

To limit this method of assigning PROVID to in-state physicians, osteopaths and their groups, it is used only for provider records which meet *both* these criteria:

- The first character of the Medi-Cal ID is not 'X' ('X' denotes an out-of-state provider).
- The provider type (PMEX-PROV-TYP-205 or MCPP-PROV-TYP) is 22 (physician/osteopath group) or 26 (physician/osteopath).

PROVID	MCALID	PROVNAME	PROVCITY	PROVST	PROVZIP	PROVZIPB
ZGR003456	GR0034560	State St. Clinic	Rocklin	CA	95764	957640022
ZGR003456	GR0034561	Thompson St. Clinic	Rocklin	CA	95765	957640022
ZGR003456	GR0034562	Sutter Court Clinic	Rocklin	CA	95765	957640022
ZGR003456	GR0034563	Capitol City Clinic	Sacramento	CA	95833	958330123

Figure 2. Provider Load File (PLF)

PROVID	MCALID	...	PROVZIP	PROVZIPB
ZGR003456	GR0034560		95764	957640022
ZGR003456	GR0034561		95765	957640022
ZGR003456	GR0034562		95765	957640022
ZGR003456	GR0034563		95833	958330123

Figure 3. Provider Background Table

---

PROVID	...	PROVNAME	PROVCITY	PROVST	PROVZIP	...
ZGR003456		Capitol City Clinic	Sacramento	CA	95833	

Figure 4. Provider Directory Table

### 8.2.2 Dental Providers

On the ITSD Combined PMF, providers with a Vendor Code of '27' (derived when PMEX-SUB-KEY = 'D') are considered Dental Providers. On the Managed Care Program Provider (MCP) file, Dental Providers are indicated with a Provider Type of 'DN'. Medi-Cal IDs for Dental Providers are 8 characters long; this includes one alphabetic character followed by 5 alphanumeric characters and a two digit sequentially numbered location.

For Dental Providers, the PROVID is composed of a "Z" and the first six positions of the Medi-Cal ID. The result is a seven-character alphanumeric PROVID that uniquely identifies the provider independent of location.

### 8.2.3 Hospitals

The situation with hospitals is similar to professional providers. The last alphanumeric character of the Medi-Cal ID usually denotes one of a series of owners. However, one hospital's Medi-Cal ID typically also has different alphabetic prefixes, indicating the contract status of the provider.

On the ITSD Combined PMF, the numeric portion (positions 4-8) of the facility Medi-Cal ID, prefixed with a 'ZH-' and suffixed with the provider's service zip code will be used as the unique provider ID for general acute care facility provider records that meet all of the following conditions. The 'ZH-' prefix distinguishes the unique provider ID from the unmodified Medi-Cal ID and from Managed Care Provider PROVIDs. For example, this will allow both Medi-Cal IDs of 'HSC00002F' AND 'ZZR00002F' (both, St. Rose Hospital) to be assigned the same unique provider ID of 'ZH-0000294545'.

- The 4 position of the Medi-Cal ID is not "3" or "4", which is sometimes used to identify inpatient from outpatient hospitals. They are addressed below.
- It is not a "dental provider" as defined above.
- It is not a "professional provider" as defined above.
- It is not an "out-of-state provider" – the first character of the Medi-Cal ID is not 'X' and the provider's state code is California (PMEX-ADDR-STATE = 'CA').

- The Medi-Cal provider type (PMEX-PROV-TYP-205) is one of the following acute care facility types:
  - ◆ 15 – Community Hospital Outpatient
  - ◆ 16 – Community Hospital Inpatient
  - ◆ 60 – County Hospital Inpatient
  - ◆ 61 – County Hospital Outpatient

On the ITSD Combined PMF, the numeric portion (positions 5-8) of the facility Medi-Cal ID, prefixed with a 'ZH-0' and suffixed with the provider's service zip code will be used as the unique provider ID for general acute care facility provider records that meet all of the following conditions. The 'ZH-0' prefix will allow providers that have both an inpatient and outpatient Medi-Cal ID number to be grouped together. For example, this will allow both Medi-Cal IDs of 'HSP30003H' AND 'HSP40003H' (both, Columbia South Valley) to be assigned the same unique provider ID of 'ZH-0000395020'. Additionally, Medi-Cal ID 'HSP40002F' (St. Rose) will be assigned the unique provider ID of 'ZH-0000294545', the same as the IDs assigned in the previous step. However, the zip code suffix allows Oak Valley District Hospital (HSP40067F) and Glendale Adventist (HST30067F) to be assigned different unique provider ID numbers because they have different service zip codes (95361 / 91206).

- The 4 position of the Medi-Cal ID is a "3" or a "4", which is used to identify inpatient from outpatient hospitals.
- It is not a "dental provider" as defined above.
- It is not a "professional provider" as defined above.
- It is not an "out-of-state provider" – the first character of the Medi-Cal ID is not 'X' and the provider's state code is California (PMEX-ADDR-STATE = 'CA').
- The Medi-Cal provider type (PMEX-PROV-TYP-205) is one of the following acute care facility types:
  - ◆ 15 – Community Hospital Outpatient
  - ◆ 16 – Community Hospital Inpatient
  - ◆ 60 – County Hospital Inpatient
  - ◆ 61 – County Hospital Outpatient

So that queries for mental health and chemical dependency claims data may be easily facilitated, mental health and chemical dependency facilities will have similar logic applied, but with a

prefix of “ZM-“ and suffixed with the provider’s service zip code. So, on the ITSD Combined PMF, the numeric portion (positions 4-8) of the facility Medi-Cal ID, prefixed with a ‘ZM-’ and suffixed with the provider’s service zip code will be used as the unique provider ID for provider records that meet all of the following conditions.

- It is not a “dental provider” as defined above.
- It is not a “professional provider” as defined above.
- It is not an “out-of-state provider” – the first character of the Medi-Cal ID is not ‘X’ and the provider’s state code is California (PMEX-ADDR-STATE = ‘CA’).
- The Medi-Cal provider type (PMEX-PROV-TYP-205) is:
  - ◆ 72 – Mental Health Inpatient
  - ◆ 51 – Outpatient Heroin Detoxification

On the Managed Care Program Provider (MCP) file, this solution is insufficient for assigning unique provider IDs to hospitals. Therefore, we attempt to use the first non-missing key field as the PROVID prefixed with a “Z”. The key fields are MCALID, PROVLIC, CLIANUM, PROVSSN, PROVTAX, and PROVLAN. Generally, each hospital will have as many PROVIDs as it has Medi-Cal IDs. Those Managed Care Providers that match with a PMF record during the synchronization process will be assigned the PROVID from the PMF file.

#### **8.2.4 Mental Health Providers (Short Doyle)**

On the Managed Care Program Provider (MCP) file, Mental Health providers will be assigned a unique provider ID that has not been assigned to a provider from any of the other data sources. For these providers the input MCALID will be prefixed with “ZS-“ to form a unique PROVID.

#### **8.2.5 Most Recently Assigned Medi-Cal ID**

For Professional and Hospital Providers, “The most recently assigned active Medi-Cal ID” means the following: We take the most recently assigned ID to be the one with the “highest” value in the ninth position (the location indicator), from zero (the lowest) through 9, then A through Z (the highest).

For Dental Providers, “The most recently assigned active Medi-Cal ID” means the following: We take the most recently assigned ID to be the one with the highest two-digit numeric value starting in position 7.

### 8.3 Collapsing the License Number

#### 8.3.1 Purpose

The purpose of collapsing the license number stored is to obtain the “true” license number. The conversion of the license number is related to Department of Consumer Affairs data requirements. The License Number conversion is performed on records in the ITSD Combined PMF and MCP files that meet the criteria for Collapsing the Medi-Cal Provider ID that is described later in this section.

#### 8.3.2 Collapsing Methodology

For Medical FFS Providers on the ITSD Combined PMF and MCP providers, the “Collapsing” process takes the Medi-Cal License ID and converts it to the “true” license number by removing all the leading zeroes between the first character (which is always alphabetic) and the first non-zero digit.

The following is an example of the collapsing process:

BEFORE Collapsing:

A	0	0	0	3	7	6	5	2
1	2	3	4	5	6	7	8	9

AFTER Collapsing:

A	3	7	6	5	2	<blank>	<blank>	<blank>
1	2	3	4	5	6	7	8	9

#### 8.3.3 Assumptions

1. Only active providers will be processed.
2. The field PMEX-PROV-LIC-NO-217-ORIGINAL will be part of the redefined filler that has been added to the ITSD Provider Master File Layout. The filler is 30 bytes long.
3. The field PMEX-PROV-LIC-NO-217-ORIGINAL will be initialized to spaces in the collapsing criteria logic.

4. The field PMEX-PROV-LIC-NO-217-ORIGINAL will contain either spaces (when the record did not meet the collapsing criteria) or the Original Value of PMEX-PROV-LIC-NO-217 (when the record did meet the collapsing criteria). This field is retained for auditing purposes.

### 8.3.4 Criteria for Collapsing the Medi-Cal Provider ID

1. The provider is an active provider.
2. The License number starts with a series of contiguous alphabetic characters followed by contiguous numeric digits.

## 8.4 Determining Data Source Indicator

Data for the Provider conversion process is provided to MEDSTAT in two record layouts with data from four different data sources:

- EDS Provider Master File (ITSD Combined PMF File)
- Delta Dental Provider Master File (ITSD Combined PMF File)
- Managed Care Provider File (MCP Short Provider File)
- Mental Health Provider File (MCP Short Provider File)

In order to help determine what the source of the data for investigative purposes, a data source indicator will be assigned to each incoming record. This data source indicator will only be available during conversion processing and will not be available on the final MIS/DSS tables. Assign the data source indicators as:

- DN- Dental -- If the record layout is the ITSD Combined PMF File and the PMEX-SUB-KEY is "D"
- PM- Provider Master – If the record layout is the ITSD Combined PMF File and the PMEX-SUB-Key is *not* "D"
- MH- Mental Health – If the record layout is the MCP Short Provider File and the MCPP-PLAN-CD is "000"
- MC- Managed Care – If the record layout is the MCP Short Provider File and the MCPP-PLAN-CD is *not* "000"

This data source field may also be used to help control program flow logic and will be used in reports to help identify the data source. Specifically the Failed Operations Log (FOLOG) and Unexpected Value Reports will make use of this field when displaying data.



## 9. New Installation Considerations

For a new database installation, which occurs for each phase of the Medi-Cal MIS/DSS project, the Final PLF is initialized, i.e., built fresh from new ITSD Combined PMF and MCP Provider files.

## 10. Update Processing Considerations

The Final PLF and Provider Background and Directory tables are updated as part of the monthly MIS/DSS update. The monthly update starts with the Final PLF from the previous install or update. New complete ITSD Combined PMF and MCP files are used to update the Final PLF by:

- Adding records for new providers.
- Replacing records for previously existing provider records.

Currently there is no purge or “rolloff” step in the Provider processing. Therefore, providers will stay in the Final PLF and on the DB2 tables forever, even after they have been inactive for more than four years. Inactive provider records are dropped from the input files, but once a provider record has been loaded into the database, it remains because an old claim record may be added to the database as long as it is paid within the 30-month window.

## 11. Maps and Validation Tables

The following files contain tables that are used to validate values and/or map one value to another. Each is used in the enhancement of the same-named field in the Update PLF. In the table below, each map is associated with the Excel file that contains the map and the table(s) on which the field occurs. See the field-level specifications for more details.

Map	Fields	Purpose
CDBFOLOO	N/A	Used by the Failed Operations Log (FOLOG) Report – FOLOG operation numbers to be included in the report.
FLGKEYPR	N/A	Used by the Unexpected Values Report – FOLOG operation numbers to be included in the report
FLGAPRPR	N/A	Used by the Unexpected Values Report – values approved to map to other/invalid
HFPANUM	HFPANUM	Used to determine the Health Facility Planning Area Number from the zip code

Map	Fields	Purpose
PROVSPEC	PROVSPEC	Used to validate the provider specialty code
PROVST	PROVST	Used to validate the provider state code
VENDORCD	VENDORCD	Used to convert PROVSTYP into VENDORCD

## 12. Tagging

There are no fields that have values tagged from other tables.

## 13. Summary of Document Changes

<u>Date</u>	<u>Author</u>	<u>Phase</u>	<u>IRs</u>	<u>Description of Changes</u>
03/16/00	T. Wright	4	1221	Changed section 3. Indexes: removed PROVNAME from Primary index and PROVID from secondary index for Provider Directory.
03/15/00	T. Wright	5	N/A	Removed references to 'phase-specific' drop criteria from section 8.1.2, MDV101 - Provider Field-Level Conversion because there are no phase-specific drop criteria in Phase 5.
3/9/00	K. Key	5	1411	Updated section 8.1.3, MDV102 – Synchronize PROVIDs, to reflect that mental health providers are being excluded from this synchronization step because we do want mental health provider IDs to retain their unique PROVID and not be rolled-up with any other PROVID.
12/09/99	T. Wright	5	N/A	Fixed typo (PROVLAN to PROVPLAN) in 7.7 and 7.8 sections.

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<u>Date</u>	<u>Author</u>	<u>Phase</u>	<u>IRs</u>	<u>Description of Changes</u>
8/25/99	K. Key	5	1411	<p>Added section on Determine Data Source Indicator under Process Flow.</p> <p>Added section on Assigning Unique Provider ID for Mental Health Providers (Short Doyle).</p> <p>Updated Sample Aggregate Statistics Reports for MDV101, MDV102A, MDV102B, MDV102C, MDV102D, MDV102E, MDV102F, MDV103, MDV104 and MDV105 to display Mental Health Provider statistics.</p> <p>Updated Sample Failed Operations Log (FOLOG) Report and Sample Unexpected Values Report to show how data source will be appended to field values.</p>
8/25/99	K. Key	5	N/A	Updated Maps and Validation Tables section to state the purpose of the following maps: HFPANUM, PROVSPEC, PROVST and VENDORCD.
8/25/99	K. Key	5	N/A	Updated Maps and Validation Tables section with CDBFOLOO, CDBFOLON, CDBFOLOM, FLGKEYEN, FLGKEYFI, FLGKEYME, FLGAPREN, FLGAPRFI, and FLGAPRME.
8/25/99	K. Key	5	N/A	Removed drop condition that referred to phase specific drop conditions, as there were no phase specific conditions.
7/28/99	K. Key	5	1343	Updated attachments with new record layouts for CRVPMEX2, CRVMCPP2 and CRVLOAD.
4/28/99	K. Key	4	N/A	Added samples of all Aggregate Statistic Reports instead of just the one from the first conversion program.

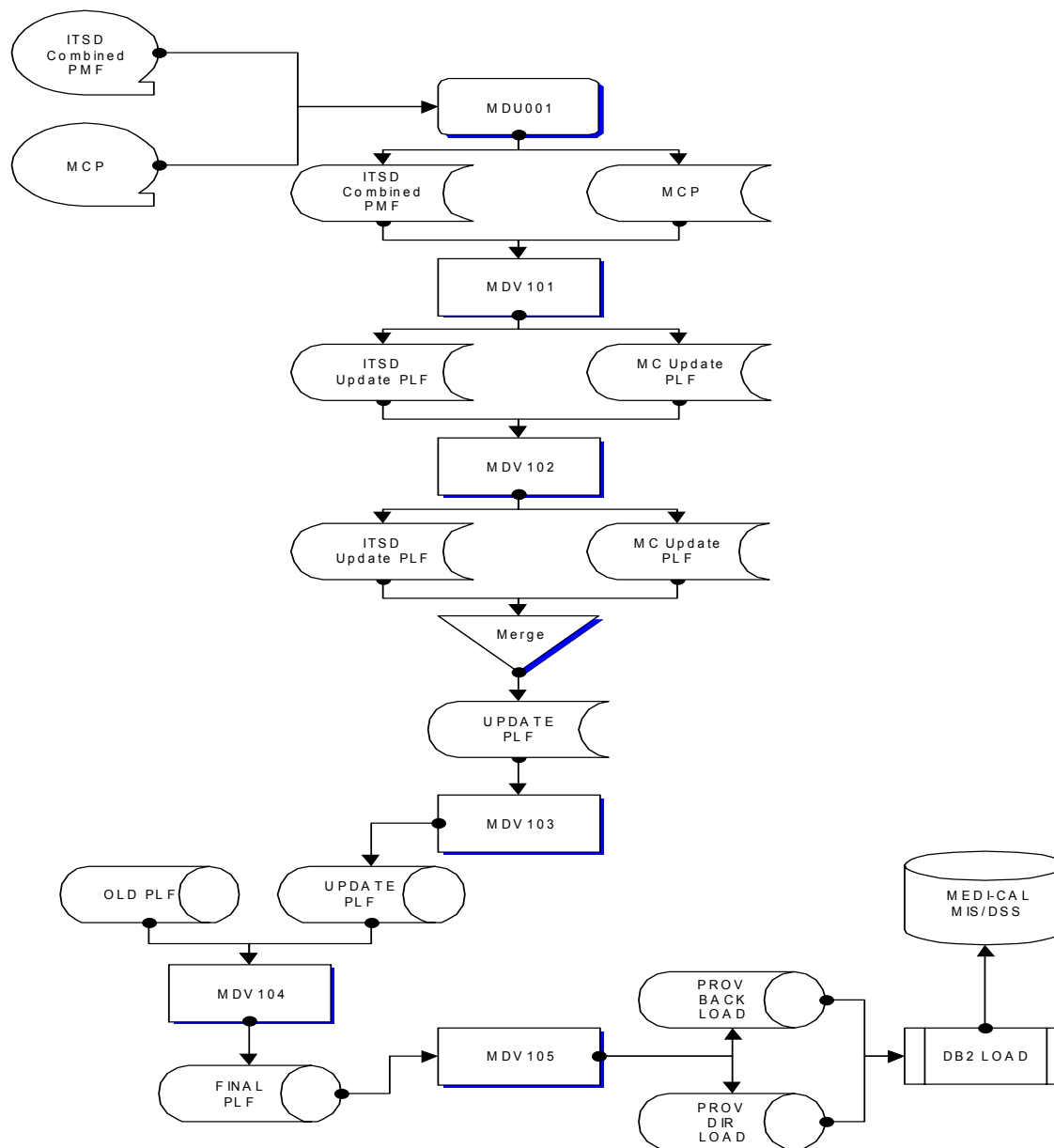
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<u>Date</u>	<u>Author</u>	<u>Phase</u>	<u>IRs</u>	<u>Description of Changes</u>
3/11/99	K. Key	4	688	Based on conversation with M. White of DHS, updated section 8.2.3 (assigning unique provider ID for hospitals) to keep different hospital providers from receiving the same PROVID. For example, Oak Valley (HSC00067F) and Glendale Adventist (HSC30067F) received the same PROVID of ZH-00067 based on the current logic. Used provider service zip code to differentiate.
2/4/99	K. Key	4	N/A	Fixed typo (date to data) in 8.1.4 heading.
1/25/99	K. Key	4	688	After meeting with M. White of DHS, refined the criteria for dropping test providers. Added criteria for dropping HSX providers. Modified criteria for assigning unique PROVIDs to facilities – assign general acute care and psychiatric/chemical dependency separately. Also look at the 4 <sup>th</sup> position of the Medi-Cal ID number during facility PROVID determination.
1/25/99	K. Key	4	1196	Added attachments of sample reports.

<u>Date</u>	<u>Author</u>	<u>Phase</u>	<u>IRs</u>	<u>Description of Changes</u>
1/22/99	K. Key	4	1196	<p>Changed references to billing/filling provider to be billing/rendering provider.</p> <p>Added referral to Claims Background Document in the Tagging Provider to Claim and Drug Tables section.</p> <p>Completely re-wrote Selection/Drop Criteria section. Moved non-phase specific drop criteria from the separate drop document into this document.</p> <p>Added Collapsing the License Number section back into the document.</p> <p>Removed section about Latitude and Longitude tagging. It happens in the GeoCoding process.</p> <p>Re-wrote Process Flow section to address monthly updates and clarify that the process is now a series of programs. Added new Process Flow diagram as attachment.</p> <p>Clarified references to file names throughout to make consistent with new process flow diagram.</p>
1/22/99	K. Key	4	688	<p>Added hospitals to the note about how most recently assigned Medi-Cal ID are determined (same as professional providers) in the How the Provider Directory and Background Tables are Related section.</p>
1/20/99	K. Key	4	1196	<p>Added Index section.</p> <p>Rearranged attachments so that input file layout specifications were before output file layout specifications.</p>
1/20/99	K. Key	4	1119	<p>Added section for new Unexpected Values Report.</p>
1/12/99	K. Key	4	688	<p>Modified the Hospital portion of Assigning Unique Provider ID (PROVID) to add logic for determining a unique provider ID for acute care facilities on the PMF.</p>

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<u>Date</u>	<u>Author</u>	<u>Phase</u>	<u>IRs</u>	<u>Description of Changes</u>
1/10/99	K. Key	4	1196	Updated the Aggregate Statistics Report and the FOLOG Report to the standard verbiage.
12/30/98	K. Key	4	1196	Reformatted document into standardized format.
11/24/98	C. Hubbert	3	457	Removed references to Panorama View. Panorama View uses the DHS Licensing and Certification File for Provider Data.
11/24/98	C. Hubbert	3	1000	Dental Provider Updates. Rewrote section under Build a consolidated Provider Load File (PLF), including MEDSTAT-assigned fields.
11/24/98	C. Hubbert	3	1037	PROVLICU – Expanded Provider License Number. This is a new field used in Claim and Drug Tagging. Copied in new Provider Load file layout and Provider Background file layout in Attachments.
5/26/98	L. Macklem	3	739	Rewrote document as functional spec.
1/12/98	C. Hubbert	2		Finalized for Phase 2 System Design.
	C. Hubbert, C. Angelo, A. Galbraith, L. Macklem, C. Wells	1		New Document.

**Attachment 1. Simplified Process Flow Diagram**

**Attachment 2. Sample Aggregate Statistics Report for MDV101**

CSBSTAT	CSBSTAT	MEDI-CAL
PAGE : 1		
AGGREGATE STATISTICS FOR PROVIDERS ACTIVE FROM 02/01/95 TO 02/01/99		DATE : 08/25/1999
# OF RECS		TIME : 13:05:49
-----		
PROV1 MAIN CONVERT	584	
-----		
CONVERTED MEDICAL PMF	64	
CONVERTED DENTAL PMF	20	
CONVERTED MENTAL HEALTH	19	
CONVERTED MCP	101	
DROPPED CCS/GHPP MEDICAL	24	
DROPPED CCS/GHPP MCP	3	
DROPPED INACTIVE MEDICAL	35	
DROPPED INACTIVE DENTAL	3	
DROPPED INVALID MEDICAL	9	
DROPPED INVALID DENTAL		
DROPPED INVALID MH	1	
DROPPED INVALID MCP	5	
DROPPED TEST RECS PMF	2	
DROPPED IRS RECS PMF	2	
DROPPED HSX RECS PMF	1	
DROPPED HSD RECS PMF	3	
-----		
TOTAL WRITTEN	292	
-TOTAL CONVERTED	204	
-TOTAL DROPPED	88	
-----		



**Attachment 3. Sample Aggregate Statistics Report for MDV102A**

CSBSTAT	MEDI-CAL	PAGE : 1
AGGREGATE STATISTICS FOR PROVIDERS ACTIVE FROM 02/01/95 TO 02/01/99		DATE : 08/25/1999
# OF RECS		TIME : 13:05:55
-----		
PROV2A MATCH BY MCALID	408	
-----		
UNMATCHED MEDICAL PMF	64	
UNMATCHED DENTAL PMF	20	
UNMATCHED MENTAL HEALTH	19	
UNMATCHED MCP	101	
MATCHED MEDICAL PMF		
MATCHED DENTAL PMF		
MATCHED MENTAL HEALTH		
MATCHED MCP		
-----		
TOTAL WRITTEN	204	
-TOTAL UNMATCHED	204	
-TOTAL MATCHED		
-----		

**Attachment 4. Sample Aggregate Statistics Report for MDV102B**

CSBSTAT	MEDI-CAL	PAGE : 1
AGGREGATE STATISTICS FOR PROVIDERS ACTIVE FROM 02/01/95 TO 02/01/99		DATE : 08/25/1999
# OF RECS		TIME : 13:05:59
-----		
PROV2B MATCH BY PROVLIC	408	
-----		
UNMATCHED MEDICAL PMF	64	
UNMATCHED DENTAL PMF	20	
UNMATCHED MENTAL HEALTH	19	
UNMATCHED MCP	98	
MATCHED MEDICAL PMF		
MATCHED DENTAL PMF		
MATCHED MENTAL HEALTH		
MATCHED MCP	3	
-----		
TOTAL WRITTEN	204	
-TOTAL UNMATCHED	201	
-TOTAL MATCHED	3	
-----		

**Attachment 5. Sample Aggregate Statistics Report for MDV102C**

CSBSTAT	MEDI-CAL	PAGE : 1
AGGREGATE STATISTICS FOR PROVIDERS ACTIVE FROM 02/01/95 TO 02/01/99		DATE : 08/25/1999
# OF RECS		TIME : 13:06:05
-----		
PROV2C MATCH BY CLIANUM	408	
-----		
UNMATCHED MEDICAL PMF	64	
UNMATCHED DENTAL PMF	20	
UNMATCHED MENTAL HEALTH	19	
UNMATCHED MCP	101	
MATCHED MEDICAL PMF		
MATCHED DENTAL PMF		
MATCHED MENTAL HEALTH		
MATCHED MCP		
-----		
TOTAL WRITTEN	204	
-TOTAL UNMATCHED	204	
-TOTAL MATCHED		
-----		

**Attachment 6. Sample Aggregate Statistics Report for MDV102D**

CSBSTAT	MEDI-CAL	PAGE : 1
AGGREGATE STATISTICS FOR PROVIDERS ACTIVE FROM 02/01/95 TO 02/01/99		DATE : 08/25/1999
# OF RECS		TIME : 13:06:11
-----		
PROV2D MATCH BY PROVSSN	408	
-----		
UNMATCHED MEDICAL PMF	64	
UNMATCHED DENTAL PMF	20	
UNMATCHED MENTAL HEALTH	19	
UNMATCHED MCP	101	
MATCHED MEDICAL PMF		
MATCHED DENTAL PMF		
MATCHED MENTAL HEALTH		
MATCHED MCP		
-----		
TOTAL WRITTEN	204	
-TOTAL UNMATCHED	204	
-TOTAL MATCHED		
-----		

**Attachment 7. Sample Aggregate Statistics Report for MDV102E**

CSBSTAT	MEDI-CAL	PAGE : 1
AGGREGATE STATISTICS FOR PROVIDERS ACTIVE FROM 02/01/95 TO 02/01/99		DATE : 08/25/1999
# OF RECS		TIME : 13:06:14
-----		
PROV2E MATCH BY PROVTAX	408	
-----		
UNMATCHED MEDICAL PMF	64	
UNMATCHED DENTAL PMF	20	
UNMATCHED MENTAL HEALTH	19	
UNMATCHED MCP	101	
MATCHED MEDICAL PMF		
MATCHED DENTAL PMF		
MATCHED MENTAL HEALTH		
MATCHED MCP		
-----		
TOTAL WRITTEN	204	
-TOTAL UNMATCHED	204	
-TOTAL MATCHED		
-----		

**Attachment 8. Sample Aggregate Statistics Report for MDV102F**

CSBSTAT	MEDI-CAL	PAGE : 1
AGGREGATE STATISTICS FOR PROVIDERS ACTIVE FROM 02/01/95 TO 02/01/99		DATE : 08/25/1999
# OF RECS		TIME : 13:06:18
-----		
PROV2F MATCH BY PROVPLAN	408	
-----		
UNMATCHED MEDICAL PMF	64	
UNMATCHED DENTAL PMF	20	
UNMATCHED MENTAL HEALTH	19	
UNMATCHED MCP	101	
MATCHED MEDICAL PMF		
MATCHED DENTAL PMF		
MATCHED MENTAL HEALTH		
MATCHED MCP		
-----		
TOTAL WRITTEN	204	
-TOTAL UNMATCHED	204	
-TOTAL MATCHED		
-----		

**Attachment 9. Sample Aggregate Statistics Report for MDV103**

CSBSTAT	MEDI-CAL	PAGE : 1
AGGREGATE STATISTICS FOR PROVIDERS ACTIVE FROM 02/01/95 TO 02/01/99		DATE : 08/25/1999
# OF RECS		TIME : 13:06:21
PROV3 CREATE UPDATES	408	
MEDICAL PMF UPDATES	64	
DENTAL PMF UPDATES	20	
MENTAL HEALTH UPDATES	19	
MCP UPDATES	77	
DROPPED MEDICAL DUPS		
DROPPED DENTAL DUPS		
DROPPED MH DUPS		
DROPPED MCP DUPS	24	
TOTAL WRITTEN	204	
-TOTAL UPDATES	180	
-TOTAL DROPPED	24	

**Attachment 10. Sample Aggregate Statistics Report for MDV104**

CSBSTAT	MEDI-CAL	PAGE : 1
AGGREGATE STATISTICS FOR PROVIDERS ACTIVE FROM 02/01/95 TO 02/01/99		DATE : 08/25/1999
# OF RECS		TIME : 13:06:26
PROV4 UPDATE PLF MASTER	360	
ADDED PLF RECS	180	
UPDATED PLF RECS		
UNCHANGED PLF RECS		
DROPPED OLD PLF RECS		
TOTAL WRITTEN	180	
TOTAL IN NEW PLF MASTER	180	
TOTAL IN OLD PLF MASTER		



**Attachment 11. Sample Aggregate Statistics Report for MDV105**

CSBSTAT	MEDI-CAL	PAGE : 1
AGGREGATE STATISTICS FOR PROVIDERS ACTIVE FROM 02/01/95 TO 02/01/99		DATE : 08/25/1999
# OF RECS		TIME : 13:06:27
-----		
PROVS CREATE LOAD FILES	517	
-----		
PROVIDER DIRECTORY	157	
PROVIDER BACKGROUND	180	
-----		
TOTAL RECS WRITTEN	337	
TOTAL UNIQUE PROVID	157	
TOTAL MULTIPLE LOC/ID	23	
-----		

**Attachment 12. Sample Failed Operations Log (FOLOG) Report**

MDU110		MEDI-CAL				PAGE : 1	
		EXTERNAL FOLOG REPORT - PROVIDER CONVERT				DATE : 08/25/1999	
						TIME : 13:18:04	
INPUT FILE : PROVIDER CONVERT							
NUMBER OF RECORDS : 204		TOTAL NETPAY : \$				0.00	
-----							
FIELD	OPR OPERATION	FIELD	%OF TOT		NETPAY	%OF TOT	
NAME	NO. DESCRIPTION	VALUE	COUNT	RECORDS	AMOUNT	NETPAY	
-----							
MCALID	1 MEDI-CAL ID	MC-	59	28.9216	0.00	0.0000	
TOTALS FOR THE OPR-NO 1 :			59	28.9216	0.00	0.0000	
-----							
PROVLIC	2 LICENSE NUMBER	DN-	8	3.9216	0.00	0.0000	
		MC-	45	22.0588	0.00	0.0000	
		MH-	19	9.3137	0.00	0.0000	
		PM-	24	11.7647	0.00	0.0000	
		PM-000000000	2	0.9804	0.00	0.0000	
TOTALS FOR THE OPR-NO 2 :			98	48.0392	0.00	0.0000	
-----							
CLIANUM	3 CLIA NUMBER	DN-	20	9.8039	0.00	0.0000	
		MC-	100	49.0196	0.00	0.0000	
		MH-0000000000	19	9.3137	0.00	0.0000	
		PM-	59	28.9216	0.00	0.0000	
		PM-0000000000	1	0.4902	0.00	0.0000	
TOTALS FOR THE OPR-NO 3 :			199	97.5490	0.00	0.0000	
-----							
PROVSSN	4 SOCIAL SECURITY NUMBER	DN-	12	5.8824	0.00	0.0000	
		DN-000000000	2	0.9804	0.00	0.0000	
		MC-	78	38.2353	0.00	0.0000	
		MH-	19	9.3137	0.00	0.0000	
		PM-	40	19.6078	0.00	0.0000	
TOTALS FOR THE OPR-NO 4 :			151	74.0196	0.00	0.0000	
-----							
PROVTAX	5 TAX ID	DN-	8	3.9216	0.00	0.0000	
		MC-	67	32.8431	0.00	0.0000	
		MH-	2	0.9804	0.00	0.0000	
		PM-000000000	16	7.8431	0.00	0.0000	
TOTALS FOR THE OPR-NO 5 :			93	45.5882	0.00	0.0000	
-----							
PROVPLAN	6 PLAN PROVIDER ID	MC-	58	28.4314	0.00	0.0000	
		MH-	19	9.3137	0.00	0.0000	
		PM-	25	12.2549	0.00	0.0000	
		PM-000000000	2	0.9804	0.00	0.0000	
TOTALS FOR THE OPR-NO 6 :			104	50.9804	0.00	0.0000	
-----							

## Attachment 13. Sample Unexpected Values Report

MDU120		MEDI-CAL				PAGE : 1	
		UNEXPECTED VALUES REPORT - PROVIDER CONVERT				DATE : 08/25/1999	
						TIME : 13:18:06	
INPUT FILE : PROVIDER CONVERT							
NUMBER OF RECORDS : 204						TOTAL NETPAY : \$ 0.00	
-----							
FIELD NAME	OPR OPERATION NO. DESCRIPTION	NEW FIELD VALUE	PHP CODE	ERROR COUNT	%OF TOT RECORDS	NETPAY AMOUNT	%OF TOT NETPAY
-----							
PROVTYP	9 PROVIDER TYPE CODE	* DN-0		12	5.8824	0.00	0.0000
		* DN-000		8	3.9216	0.00	0.0000
		* MC-09		1	0.4902	0.00	0.0000
				-----			
TOTALS FOR THE OPR-NO 9 :				21	10.2941	0.00	0.0000
-----							
PROVST	16 SERVICE ADDRESS STATE	* MC-		5	2.4510	0.00	0.0000
		* MC-XX		1	0.4902	0.00	0.0000
				-----			
TOTALS FOR THE OPR-NO 16 :				6	2.9412	0.00	0.0000
-----							
PROVCNTY	22 PROVIDER COUNTY CODE	* DN-00		2	0.9804	0.00	0.0000
		* MC-		61	29.9020	0.00	0.0000
		* MC-OUT-OF-STATE		5	2.4510	0.00	0.0000
		* MC-00		1	0.4902	0.00	0.0000
		* MC-39		1	0.4902	0.00	0.0000
		* MC-48		1	0.4902	0.00	0.0000
		* MH-		19	9.3137	0.00	0.0000
		* PM-OUT-OF-STATE		7	3.4314	0.00	0.0000
		* PM-00		1	0.4902	0.00	0.0000
		* PM-95		1	0.4902	0.00	0.0000
						-----	
TOTALS FOR THE OPR-NO 22 :				99	48.5294	0.00	0.0000
-----							
HFPANUM	24 MAPPED FROM SERVICE ZIP	* DN-91377		1	0.4902	0.00	0.0000
		* MC-92819		1	0.4902	0.00	0.0000
		* MC-94833		1	0.4902	0.00	0.0000
		* MH-92879		1	0.4902	0.00	0.0000
		* MH-92905		1	0.4902	0.00	0.0000
				-----			
TOTALS FOR THE OPR-NO 24 :				5	2.4510	0.00	0.0000
-----							
VENDORCD	25 MAPPED FROM PROVIDER TYPE	* MC-000		1	0.4902	0.00	0.0000
		* PM-095		1	0.4902	0.00	0.0000
				-----			
TOTALS FOR THE OPR-NO 25 :				2	0.9804	0.00	0.0000
-----							
PROVSPEC	26 SPECIALTY CODE	* DN-D-		17	8.3333	0.00	0.0000
		* MC-D-		2	0.9804	0.00	0.0000
		* MC-M-		4	1.9608	0.00	0.0000
		* MC-M-1		2	0.9804	0.00	0.0000
		* MC-M-2		1	0.4902	0.00	0.0000

## Attachment 14. CRVPMEX2 - ITSD Provider Master File (PMF) Input File Layout

```

*****
*   CRVPMEX2
*
*   RECORD LENGTH IS 1441
*****
*****
*   IR1343   06/07/99   HMCWEL  NPI-PROV-TYP   FROM X(2) TO X(3)
*
*                               PROV-TYP-205   FROM 9(2) TO 9(3)
*
*                               CATSERV-CD-206  FROM 9(2) TO 9(3)
*****
01  PROV-MASTER-EXTRACT-RECORD.
    05  PMEX-KEY.
        10  PMEX-PROV-NO-201.
            15  PMEX-PROV-NO-PRE-1236   PIC X(03) .
                88  PMEX-AIDS-PREFIX     VALUE 'AID' 'AYD' .
                88  PMEX-HOSPICE-PREFIX  VALUE 'HOS' 'HPC' .
                88  PMEX-CONTRACT-PRE    VALUE 'HSC' 'HSW'
                                     'HSX' 'MIC' .
                88  TYPE-LA-WAIVER       VALUE 'HSW' 'ZZW' .
                88  TYPE-OMIT-RECIP      VALUE 'ZZX' .
                88  TYPE-BIRTH-CENTER    VALUE 'ABC' .
            15  PMEX-PROV-NO-SUFFIX      PIC X(06) .
            15  PMEX-PROV-NO-SUFFIX-NUM  REDEFINES
                PMEX-PROV-NO-SUFFIX
                                     PIC 9(06) .
        10  PMEX-DENTAL-PROV-NO          REDEFINES
                PMEX-PROV-NO-201 .
            15  PMEX-DENTAL-BILL-PROV-NO  PIC X(06) .
            15  FILLER                    PIC X(03) .
        10  PMEX-SUB-KEY                  PIC X(01) .
            88  PMEX-MEDICAL-REC          VALUE 'M' .
            88  PMEX-DENT-REC             VALUE 'D' .
            88  PMEX-MGD-CARE-REC         VALUE 'C' .

    05  PMEX-NPI.
        10  PMEX-NPI-CODE                 PIC X(07) .
        10  PMEX-NPI-CHK-DIGIT           PIC X(01) .

```

---

10	PMEX-NPI-LOC-CODE	PIC X(02).
10	PMEX-NPI-PROV-TYPE	PIC X(03).
05	PMEX-DATA-A.	
10	PMEX-MAIN-REC-TYP	PIC X(01).
88	PMEX-REC-A	VALUE 'A'.
88	TYPE-LTC	VALUE 'B'.
88	TYPE-HOSP	VALUE 'C'.
88	TYPE-LAB	VALUE 'D'.
10	PMEX-TRAILER-INDS.	
15	PMEX-GRP-IND-260	PIC X(01).
88	GROUP-PROVIDER	VALUE '1'.
15	PMEX-CONT-PROC-IND-1280	PIC X(01).
88	VALID-CONT-IND	VALUE '0' '1' '2' '3'.
88	NO-CONT-PROC	VALUE '0'.
88	CONTRACTED	VALUE '1' '2' '3'.
15	PMEX-MED-XREF-IND-1223	PIC X(01).
88	MEDICARE-XREF	VALUE '1'.
10	PMEX-DT-PROV-ADDED-1219	PIC 9(08).
10	PMEX-DENTAL-NAME.	
15	PMEX-DENTAL-FIRST-NAME	PIC X(09).
15	PMEX-DENTAL-LAST-NAME	PIC X(20).
15	PMEX-DENTAL-MI	PIC X(01).
10	PMEX-MEDICAL-NAME	REDEFINES
	PMEX-DENTAL-NAME.	
15	PMEX-LEGAL-NAME-202	PIC X(28).
15	FILLER	PIC X(02).
10	PMEX-PROV-ADDR-203.	
15	PMEX-ADDR-ATTEN-LN	PIC X(24).
15	PMEX-ADDR-LN1	PIC X(24).
15	PMEX-ADDR-LN2	PIC X(24).
15	PMEX-ADDR-CITY	PIC X(20).
15	PMEX-ADDR-STATE	PIC X(02).
15	PMEX-ADDR-ZIP.	
20	PMEX-ADDR-ZIP-5	PIC 9(05).
20	PMEX-ADDR-ZIP-4	PIC 9(04).
10	PMEX-PAY-TO-ADDR-204.	
15	PMEX-PAY-TO-ATTEN-LN	PIC X(24).
15	PMEX-PAY-TO-LN1	PIC X(24).
15	PMEX-PAY-TO-LN2	PIC X(24).
15	PMEX-PAY-TO-CITY	PIC X(20).
15	PMEX-PAY-TO-STATE	PIC X(02).

---

15	PMEX-PAY-TO-ZIP.	
20	PMEX-PAY-TO-ZIP-5	PIC 9(05).
20	PMEX-PAY-TO-ZIP-4	PIC 9(04).
10	PMEX-PROV-TYP-205	PIC 9(03).
88	VALID-PHARM-PROV-TYPE	VALUE 24, 80.
88	PMEX-TYPE-LTC	VALUE 17, 63, 64, 65.
88	PMEX-TYPE-LAB	VALUE 09, 80.
88	PMEX-TYPE-FOL	VALUE 11, 80.
88	PMEX-CONTRACT-HOSP-TYPE	VALUE 16, 60, 80, 81.
88	TYPE-INPATIENT	VALUE 16, 35, 39, 60, 72, 80, 81, 91.
88	TYPE-OUTPATIENT	VALUE 01, 14, 15, 34, 35, 36, 39 THRU 55, 58, 61, 73, 81, 90.
88	TYPE-PHARMACY	VALUE 24, 80.
88	TYPE-PHYSICIAN	VALUE 22, 26, 80.
88	TYPE-VISION-CARE	VALUE 12, 15, 20, 23, 80, 81.
88	TYPE-MED-SUPV	VALUE 02 THRU 08, 11, 13, 18, 19, 21, 25 THRU 31, 33, 37, 38, 57, 58, 80, 98.
88	PMEX-TYPE-LTC-CLAIMS	VALUE 17, 63, 64, 65.
88	PMEX-TYPE-LAB-CLAIMS	VALUE 09, 80.
88	TYPE-INPATIENT-CLAIMS	VALUE 16, 60, 72, 81, 91.
88	TYPE-OUTPATIENT-CLAIMS	VALUE 01, 14, 15, 34, 35, 36, 39 THRU 55, 58, 61, 73, 81, 90.
88	TYPE-PHARMACY-CLAIMS	VALUE 24, 80.
88	TYPE-PHYSICIAN-CLAIMS	VALUE 22, 24, 26, 80.
88	TYPE-VISION-CARE-CLAIMS	VALUE 12, 15, 16, 20, 22, 23, 26, 34, 40, 41, 43, 45, 47, 48, 50, 60, 61, 80, 81.
88	TYPE-MED-SUPV-CLAIMS	VALUE 02 THRU 09, 11, 13, 18, 19, 21, 22, 24 THRU 32, 33, 37, 38, 57, 58, 80, 98.
88	TYPE-CGP	VALUE 80, 81.
88	TYPE-BIRTHING-CENTERS	VALUE 49.
88	PMEX-PROV-TYP-CLIA	VALUE 09.
88	PMEX-TYPE-INCONTINENCE-SUPPLY	VALUE 02, 24.

---

```

10  PMEX-CATSERV-DATA
      OCCURS 11 TIMES
      INDEXED BY PMEX-CATSERV-INDEX, PMEX-CX1.
15  PMEX-CATSERV-CD-206      PIC 9(03).
      88  COS-INPATIENT      VALUE 02, 04, 06, 08,
                                84, 87, 98, 99.
      88  COS-OUTPATIENT     VALUE 09 THRU 22, 24,
                                52, 72, 75, 76, 78 THRU
                                83, 85, 88 THRU 97, 99.
      88  COS-LTC            VALUE 03 05 26 THRU 29
                                97, 99.
      88  COS-PHARMACY       VALUE 60, 99.
      88  COS-PHYSICIAN      VALUE 57, 99.
      88  COS-BIRTH-CENTER   VALUE 78.
      88  COS-OFPP           VALUE 11, 12, 13.
15  PMEX-CATSERV-BEGIN-DT-207 PIC 9(08).
15  PMEX-CATSERV-END-DT-208  PIC 9(08).
10  PMEX-PROV-CNTY-CD-211    PIC 9(02).
10  PMEX-EMP-ID-NO-212      PIC X(09).
10  PMEX-SSN-213            PIC 9(09).
10  PMEX-MEDICARE-NO-214    PIC X(12).
10  PMEX-PROV-LIC-NO-217    PIC X(09).
10  PMEX-ENROL-STAT-DATA
      OCCURS 5 TIMES
      INDEXED BY PMEX-ENROL-STAT-INDEX.
15  PMEX-ENROL-STAT-CD-238  PIC 9(01).
      88  PROVIDER-ACTIVE    VALUE 1.
      88  PROVIDER-INACTIVE  VALUE 2.
      88  PROVIDER-PENDING   VALUE 3.
      88  PROVIDER-DECEASED  VALUE 4.
      88  PROVIDER-REJECTED  VALUE 5.
      88  PROVIDER-SUSPENDE  VALUE 6.
      88  PROVIDER-INDIRECT  VALUE 7.
      88  PROVIDER-CONTRACT  VALUE 8.
15  PMEX-STAT-FILLER        PIC X(01).
15  PMEX-STAT-EFF-DT-239    PIC 9(08).
15  PMEX-STAT-END-DT-1209   PIC 9(08).
10  PMEX-CHDP-PROV-NO-272   PIC X(11).
10  PMEX-CLIA-NUMBER        PIC X(10).
      88  PROVIDER-NOT-ENROLLED-IN-CLIA VALUE SPACES,
                                LOW-VALUE.
10  FILLER                  REDEFINES

```

---

```

    PMEX-CLIA-NUMBER.
15   PMEX-CLIA-FIRST-2-BYTES PIC X(02).
      88 PROVIDER-IS-DOD-VA  VALUE '99'.
15   PMEX-CLIA-3RD-BYTE      PIC X(01).
      88 PMEX-CLIA-VALID-3RD-BYTE VALUE 'A' THRU 'Z'.
15   PMEX-CLIA-LAST-7-BYTES PIC X(07).
10   PMEX-CLIA-TYPE-CERTIFICATION PIC 9(01).
      88 PMEX-CLIA-REGISTRATION  VALUE 1.
      88 PMEX-CLIA-REG-CERTIFICATE VALUE 2.
      88 PMEX-CLIA-ACCREDITATION VALUE 3.
      88 PMEX-CLIA-WAIVER        VALUE 4.
      88 PMEX-CLIA-PPMP-CODE     VALUE 5.

05   PMEX-PHYSICIAN-SPECIALTIES.
10   PMEX-PROV-SPECIAL-DATA OCCURS 5 TIMES
      INDEXED BY PMEX-PHYS-SPE-INDEX, PMEX-PX1.
20   PMEX-SPE-CD-220          PIC X(02).

05   PMEX-LTC-DATA.
10   PMEX-LTC-NO-BEDS-232      PIC 9(05).
10   PMEX-LTC-ACCOM-DATA OCCURS 20 TIMES.
15   PMEX-LTC-ACCOM-CD-1243    PIC 9(02).
15   PMEX-LTC-ACCOM-BEGIN-DT-1245 PIC 9(08).
15   PMEX-LTC-ACCOM-END-DT-1246 PIC 9(08).

05   PMEX-HOSPITAL-DATA.
10   PMEX-HOSP-NO-BEDS-232      PIC 9(05).
10   PMEX-NON-CON-DATA.
15   PMEX-NON-CON-ACCOM-DATA  OCCURS 8 TIMES.
20   PMEX-NON-CON-ACCOM-CD-267 PIC 9(02).
20   PMEX-ACCOM-CD-DATES  OCCURS 3 TIMES.
25   PMEX-ACCOM-CD-BEG-DT-273 PIC 9(08).
25   PMEX-ACCOM-CD-END-DT-297 PIC 9(08).

05   PMEX-GROUP1-RESULTS.
10   PMEX-GROUP1-ZIP.
15   PMEX-GROUP1-ZIP-5        PIC 9(05).
15   PMEX-GROUP1-ZIP-4        PIC 9(04).
10   PMEX-GROUP1-LATITUDE     PIC S9(3)V9(4).
10   PMEX-GROUP1-LONGITUDE    PIC S9(3)V9(4).
10   PMEX-GROUP1-FILLER       PIC X(02).

```



## Attachment 15. CRVMCIPP2 - Managed Care Provider File (MCP) Input File Layout

```
*****
*   CRVMCIPP2
*
*   RECORD LENGTH IS 307
*****
*****
*   IR1343   06/04/99   HMPTRE   PROV-TYP FROM X(2) TO X(3)
*****
01  MANAGED-CARE-PGM-PROVIDER.
    05  MCPP-NAME.
          10  MCPP-LAST-NAME          PIC X(20) .
          10  MCPP-FIRST-NAME         PIC X(09) .
    05  MCPP-SERVICE-ADDR1           PIC X(24) .
    05  MCPP-SERVICE-ADDR2           PIC X(24) .
    05  MCPP-SERVICE-CITY            PIC X(20) .
    05  MCPP-SERVICE-ST              PIC X(02) .
    05  MCPP-SERVICE-ZIP-CD.
          10  MCPP-SERVICE-ZIP-5      PIC 9(05) .
          10  MCPP-SERVICE-ZIP-4      PIC 9(04) .
    05  MCPP-BILLING-ADDR1            PIC X(24) .
    05  MCPP-BILLING-ADDR2            PIC X(24) .
    05  MCPP-BILLING-CITY             PIC X(20) .
    05  MCPP-BILLING-ST               PIC X(02) .
    05  MCPP-BILLING-ZIP-CD.
          10  MCPP-BILLING-ZIP-5      PIC 9(05) .
          10  MCPP-BILLING-ZIP-4      PIC 9(04) .
    05  MCPP-PCP-TYP                  PIC X(01) .
    05  MCPP-PROVIDER-ID              PIC X(15) .
    05  MCPP-TAX-ID                   PIC X(09) .
    05  MCPP-SSN                      PIC X(09) .
    05  MCPP-MEDI-CAL-ID              PIC X(12) .
    05  MCPP-LICENSE-NUMBER           PIC X(09) .
    05  MCPP-CLIA-NUMBER              PIC X(10) .
    05  MCPP-COUNTY-CD                PIC 9(02) .
    05  MCPP-PROV-SPEC                 PIC X(02) .
    05  MCPP-PROV-TYP                 PIC X(03) .
    05  MCPP-BED-COUNT                PIC 9(05) .
```

---

05	MCP-PLAN-CD	PIC X(03) .
05	MCP-FILLER	PIC X(15) .
05	MCP-GROUP1-RESULTS .	
10	MCP-GROUP1-ZIP .	
15	MCP-GROUP1-ZIP-5	PIC 9(05) .
15	MCP-GROUP1-ZIP-4	PIC 9(04) .
10	MCP-GROUP1-LATITUDE	PIC S9(3)V9(4) .
10	MCP-GROUP1-LONGITUDE	PIC S9(3)V9(4) .
10	MCP-GROUP1-FILLER	PIC X(02) .

## Attachment 16. CRVLOAD -- Provider Load File (PLF) Layout

```

*****
*   CRVLOAD  -
*
*   RECORD LENGTH IS 285
*****
*-----+-----+-----+-----*
* 06/16/99 | CYW   | 1343   | CHANGED PROV-TYP FROM 9(2) TO 9(3).*
*-----+-----+-----+-----*
01  PROVIDER-LOAD-RECORD.
*001*          05  LOAD-CONVERTED-DATA.
*001*          10  LOAD-MCALID              PIC X(09) .
*010*          10  LOAD-PROVLIC             PIC X(09) .
*019*          10  LOAD-CLIANUM             PIC X(10) .
*029*          10  LOAD-PROVSSN             PIC 9(09) .
*038*          10  LOAD-PROVTAX             PIC X(09) .
*047*          10  LOAD-PROVPLAN            PIC X(15) .
*062*          10  LOAD-PROVLICU            PIC X(09) .
*071*          10  LOAD-PHPCODE             PIC X(03) .
*074*          10  LOAD-PROVTYP             PIC 9(03) .
*077*          10  LOAD-LICNUM              PIC X(10) .
*087*          10  LOAD-PROVID              PIC X(13) .
*100*          10  LOAD-PROVNAME            PIC X(30) .
*130*          10  LOAD-PROVCITY            PIC X(15) .
*145*          10  LOAD-PROVST              PIC X(02) .
*147*          10  LOAD-PROVZIP             PIC 9(05) .
*152*          10  LOAD-PROVZIP4            PIC 9(04) .
*156*          10  LOAD-PROVZIPB            PIC 9(09) .
*165*          10  LOAD-LATCODE             PIC S9(3)V9(4) .
*172*          10  LOAD-LONGCODE            PIC S9(3)V9(4) .
*179*          10  LOAD-FILLER              PIC X(01) .
*180*          10  LOAD-PCPTYP              PIC X(01) .
*181*          10  LOAD-PROVCNTY            PIC 9(02) .
*183*          10  LOAD-BEDCOUNT            PIC 9(05) .
*188*          10  LOAD-HFPANUM             PIC 9(04) .
*192*          10  LOAD-VENDORCD            PIC X(02) .
*194*          10  LOAD-PROVSPEC            PIC X(02) .
*196*          10  LOAD-DATEADD             PIC X(10) .
*206*          10  LOAD-DATEUPD             PIC X(10) .

```

---

*216*	05	LOAD-CONTROL-DATA.	
*216*	10	LOAD-SOURCE-RUNDATE	PIC X(08).
*224*	10	LOAD-SOURCE-FILEID	PIC X(01).
*225*	10	LOAD-SOURCE-KEYID	PIC X(01).
*226*	10	LOAD-MATCH-PARMID	PIC X(01).
*227*	10	LOAD-MATCH-FILEID	PIC X(01).
*228*	10	LOAD-MATCH-KEYID	PIC X(01).
*229*	10	LOAD-DROP-IND	PIC X(01).
*230*	10	LOAD-ACTIVE-IND	PIC X(01).
*231*	10	LOAD-MULTIPLE-IND	PIC X(01).
*232*	05	LOAD-MISCELLANEOUS-DATA.	
*232*	10	LOAD-RECTYP	PIC X(01).
*233*	10	LOAD-SUBKEY	PIC X(01).
*234*	10	LOAD-STATCD	PIC 9(01).
*235*	10	LOAD-EFFDT	PIC 9(08).
*243*	10	LOAD-ACCOMCD	PIC 9(02).
*245*	10	LOAD-ACCOMDT	PIC 9(08).
*253*	10	LOAD-LOCATION	PIC X(03).
*256*	10	LOAD-MCALID-ORIGINAL	PIC X(12).
*268*	10	LOAD-PROVLIC-ORIGINAL	PIC X(09).
*277*	10	LOAD-PROVZIP-ORIGINAL	PIC 9(05).
*282*	10	LOAD-PROVZIP4-ORIGINAL	PIC 9(04).

\*\*\*\*\*

---

**Attachment 17. CRVBPRV -- Provider Background Load File Layout**

```
*****
*   CRVBPRV - COBOL declaration for table Background Provider based on
*   DCLGEN provider.
*
*   RECORD LENGTH IS 118
*****
*****
*   COBOL DECLARATION FOR TABLE BACKPROV BASED ON DCLGEN BPROV2      *
*****

01  MEDSTAT-BACKPROV.

*001*      10  BPRV-CLIA-NUMBER              PIC X(10) .
*011*      10  BPRV-DATE-ADDED               PIC X(10) .
*021*      10  BPRV-DATE-UPDATED            PIC X(10) .
*031*      10  BPRV-LATITUDE-MEASURE        PIC S9(3)V9(4) COMP-3.
*035*      10  BPRV-LONGITUDE-MEASURE      PIC S9(3)V9(4) COMP-3.
*039*      10  BPRV-MEDI-CAL-ID             PIC X(9) .
*048*      10  BPRV-PROV-ID                 PIC X(13) .
*061*      10  BPRV-PROV-PLAN-ID            PIC X(15) .
*076*      10  BPRV-PROV-SPEC               PIC X(2) .
*078*      10  BPRV-PROV-ZIP-BILL           PIC S9(9) USAGE COMP.
*082*      10  BPRV-PROV-ZIP-CD             PIC S9(9) USAGE COMP.
*086*      10  BPRV-PROVIDER-LICENSE        PIC X(9) .
*095*      10  BPRV-PROVIDER-SSN           PIC S9(9) USAGE COMP.
*099*      10  BPRV-PROVIDER-TAX-ID         PIC X(9) .
*108*      10  BPRV-VENDOR-CD              PIC X(2) .
*110*      10  BPRV-PROV-LICENSE-UNCOL     PIC X(9) .
```

**Attachment 18. CRVPROV -- Provider Directory Load File Layout**

```
*****
*   CRVPROV - COBOL declaration for table Provider based on
*   DCLGEN provider.
*
*   RECORD LENGTH IS 105
*****

      01  MEDSTAT-PROVIDER.
*001*      10  PROV-BED-COUNT           PIC  S9(5)V USAGE  COMP-3.
*004*      10  PROV-DATE-ADDED         PIC  X(10) .
*014*      10  PROV-DATE-UPDATED       PIC  X(10) .
*024*      10  PROV-HFPA-NUM           PIC  S9(4)  USAGE  COMP.
*026*      10  PROV-LICENSE-NUMBER     PIC  X(10) .
*036*      10  PROV-CITY               PIC  X(15) .
*051*      10  PROV-ID                PIC  X(13) .
*064*      10  PROV-NAME               PIC  X(30) .
*094*      10  PROV-ST                PIC  X(2) .
*096*      10  PROV-ZIP-CD             PIC  S9(9)  USAGE  COMP.
*100*      10  PROV-ZIP-CD4            PIC  S9(4)  USAGE  COMP.
*102*      10  PROV-PROVIDER-CNTY     PIC  S9(2)V USAGE  COMP-3.
*104*      10  PROV-VENDOR-CD         PIC  X(2) .
```

## Attachment 19. Field Level Detail

The field-level specifications that follow this document are organized by DataScan® target table: Provider Background and Provider Directory. The Output Fields section describes the DB2 columns on these tables. The Input Fields and Specification Description sections, however, describe the input fields and enhancement logic for the *Provider Load File (PLF)*. The load files for the two DataScan® tables are extracted from the PLF as described above.

For most fields there will be two (sets of) input fields. The field names with prefix PMEX- are from the ITSD PMF, those with prefix MCPP- are from the MCP Provider file.